GENERAL INSTRUCTIONS FOR COMPLETING THE HIV TEST FORM

- This form is designed to be read by an Optical Character Recognition (OCR) scanner. The legibility of this form depends on the quality of the hand-written and selected information.
- Carefully separate the sheets at the perforations. If the form tears, it may not be readable by the scanner or operator.
- Each part has a top sheet and a bottom carbonless copy. The top copy (white) is the only sheet that should be scanned. The bottom copy (yellow) should **NOT** be scanned; rather it should be used for record keeping purposes.
- **DO NOT** use red ink. Blue or black ink is preferred.
- **DO NOT** fold, staple, wrinkle or tear form(s).
- DO NOT USE WHITE OUT. White out sometimes will cause a mis-read by the scanning software.
- DO NOT mark on the bar codes of the Form ID numbers. Marking on the Form ID numbers (barcode) may cause the wrong number to be scanned.
- DO NOT make any stray marks on the form(s), particularly in the fields where answers will appear.
- Part 1 is the only form with a pre-printed code. You must attach a form identification sticker (barcode) located on the back of the carbonless copy (yellow) to Part 2 and/or Part 3 in order to link a client's information.
 - o Part 1 should be used for all testing events
 - o Part 2 should be used to record referral data on **confirmed HIV positive** clients
 - o Part 3 is used by jurisdictions funded to collect HIV Incidence data.

RESPONSE FORMATS

There are three different response formats on the form that you will use to record data: (1) text boxes, (2) check boxes, and (3) radio buttons. Instructions for each one of these formats are listed below.

Text boxes

Text boxes are used to record handwritten information (e.g., codes, dates). When writing letters or numbers in the boxes:

- use all capital letters and write neatly in your best penmanship. **DO NOT** use cursive.
- put only 1 letter or number per box and **DO NOT** have any part of the letter or number touch the edges of the box.

Here are examples of how to write letters and numbers:

LETTERS

 $A_1B_1C_1D_1E_1F_1G_1H_1I_1J_1K_1L_1M_1N_1O_1P_1Q_1R_1S_1T_1U_1V_1W_1X_1Y_1Z_1$

NUMBERS

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9

Check boxes

Check boxes are used to select all options that apply. For example, check boxes are used to record information about "Race."

- use an "X" instead of a check mark because the tail of the check mark might run over into another box.
- keep the "X" within the edges of the box.

Radio buttons

Radio buttons are ovals used to select <u>only one</u> option from among two or more options. For example, radio buttons are used to select "Current Gender." When selecting an option using a radio button:

- fill in the oval completely.
- **DO NOT** mark over area of the oval.



Printed Barcode

HIV TEST FORM

PART 1



Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

	Session I	Date (MMDDYYYY	() Unique	Agency ID Number		Intervention ID	
Agency		1 1 1			I I	1 1 1 1 1 1 1 1]
Age	Site ID	1 1 1		Site Type	1 • 1 1	Site Zip Code]]
		Client	ID	(See codes on reverse)	V) C	tota County Zin Codo	_
		Cilerit	טו	Date of Birth (MMDDYYY	Y) SI	tate County Zip Code	$\overline{}$
		<u> </u>					Ц
		nicity	Race — Check all that app		Previous H	· · · · · · · · · · · · · · · · · · ·	-
Client			American Ind./AK Native Asian Black/African American Native HI/Pac. Islander White Don't know Declii	Male Female Transgender – M2F Transgender – F2N	No Dor	o't know Slined Negative Don't know Prelim. Pos. Declined Not asked	
~							\leq
	Sample Date (MMDDYYYY) Worker ID						
	Test Election	Tested anor	identially	Tested anonymously Tested confidentially Declined testing		Tested anonymously Tested confidentially Declined testing	
ر .	Test Technology	Conventions Rapid Other	al HIV TEST 1	Conventional Rapid HIV 1	TEST 2	Conventional Rapid Other HIV TEST 3	
nformation	Specimen Type	Blood: finge Blood: venip Blood spot Oral mucos Urine		Blood: finger stick Blood: venipuncture Blood spot Oral mucosal transudate Urine	_	Blood: finger stick Blood: venipuncture Blood spot Oral mucosal transudate Urine	
/ Test	Test Result	Positive/Rea NAAT-pos Negative	active Indeterminate Invalid No result	○ NAAT-pos	Indeterminate Invalid No result	Positive/Reactive Indetermina NAAT-pos Invalid Negative No result	te
f	Result Provided	Yes	◯ No			◯ Yes ◯ No	
	Date Provided (MMDDYYYY)				1 1		
	If results not provided, why?		otification rn/Could not locate sults from another agency	Declined notification Did not return/Could not lo Obtained results from and		Declined notification Did not return/Could not locate Obtained results from another agency	
	If rapid reactive, did client provide confirmatory sample?	Did not retu	ned confirmatory test irn/Could not locate another agency	Yes Client declined confirmato Did not return/Could not lo Referred to another agence Other	ocate	Yes Client declined confirmatory test Did not return/Could not locate Referred to another agency Other	
	Choose one i	if: Client wa	s not asked about risk factors	Client was asked, but no	risk was identif	ied Client declined to discuss risk factor	/ er
SIC				n was discussed, please mark		0	\dashv
Risk Factors	<u>Vaginal</u>	months has client	had:without using a c	ondom? Has clic	Injection Dr ent used injecti 2 months?	rug Use (IDU) Other Risk Factor(s	s)
Ris	With Male With Female		with person who is MSwith person who is HIV	positive? Did	l client share dr uipment?	→ , ,	$ egled{ orange}$
	Session Activity Local Use Fields CDC Use Fields						
	or the client?	was a risk reduction	<u> </u>	s No L1		C1	
						C2	$\!$



Printed Barcode

HIV TEST_FORM

PART 1



Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010 Unique Agency ID Number Session Date (MMDDYYYY) Intervention ID Site ID Site Zip Code Site Type (See codes on reverse) Date of Birth (MMDDYYYY) Client ID Zip Code State County Ethnicity **Current Gender** Previous HIV Test? Race — Check all that apply > Yes Positive Indeterminate > Male Hispanic or Latino American Ind./AK Native \supset No Not Hispanic or Latino Female Negative Don't know Asian Transgender – M2F Don't know > Declined Prelim. Pos. Don't know Not asked Black/African American Transgender – F2M Declined Declined > Not asked Native HI/Pac. Islander Provide date of last test (MMYYYY) White г Declined Don't know Sample Date (MMDDYYYY) Worker ID Tested anonymously Tested anonymously Tested anonymously Tested confidential Test Election Tested confidentially Tested confidentially Declined testing Declined testing Declined testing onventional Conventional Conventional Test **HIV TEST 3 HIV TEST 1 HIV TEST 2** Rapid Rapid Rapid Technology Otl Other Other Blood: finger stick Blood: finger stick Blood: finger stick Specimen Blood: venipuncture Blood: venipuncture Blood: venipuncture Type Blood spot Blood spot Blood spot Oral mucosal transudate Oral mucosal transudate Oral mucosal transudate > Urine Urine Urine > Positive/Reactive Indeterminate Indeterminate Indeterminate > Positive/Reactive Positive/Reacti Test Result > Invalid Invalid > NAAT-pos Invalid NAAT-pos > No result No result > Negative No result > Negative Result Yes \supset No $\supset N_0$ Provided Date Provided (MMDDYYYY) > Declined notification Declined notification Declined notification If results not Did not return/Could not locate Did not return/Could not locate Did not return/Could not locate provided, Obtained results from another agency Obtained results from another agency Obtained results from another agency why? If rapid reactive, did Client declined confirmatory test Client declined confirmatory test Client declined confirmatory test Did not return/Could not locate Did not return/Could not locate client provide Did not return/Could not locate confirmatory Referred to another agency Referred to another agency > Referred to another agency sample? Other Other Other Client was not asked about risk factors Client was asked, but no risk was identified Client declined to discuss risk factors If client risk factor information was discussed, please mark all that apply: ...without using a condom? Other Risk Factor(s) In past 12 months has client had: Injection Drug Use (IDU) Has client used injection drugs in ...with person who is an IDU? Vaginal or Anal Sex past 12 months? if marked With Male ...with person who is MSM? Did client share drug injection With Female ...with person who is HIV positive? equipment? Session Activity CDC Use Fields Local Use Fields During this visit, was a risk reduction plan developed Yes \bigcirc No for the client? Other Session Activities (see codes on reverse)

	Client Identifyin	g Data (Optional	I)
Name: _			
Address:			
Phone: _	Other:		
Codes for S 701		F02.88 F02.99	Outpatient Facility- Other Outpatient Facility- Unknown
701.01	Inpatient Facility Inpatient Hospital	F02.99	Emergency Room
01.50	Inpatient Prospital Inpatient- Drug / Alcohol Treatment	F04.01	Blood Bank, Plasma Center
01.88	In patient Facility- Other	F04.05	HIV Counseling and Testing Site
01.99	Inpatient Facility- Unknown	F06	Community Setting
02	Outpatient facility	F06.01	Community Setting - AIDS Service Organization - non clini
02.03	Outpatient- Private Medical Practice	F06.02	Community Setting – School/Education Facility
02.04	Outpatient- HIV Specialty Clinic	F06.03	Community Setting - Church/Mosque/Synagogue/Temple
02.10	Outpatient- Prenatal/ OBGYN Clinic	F06.04	Community Setting – Shelter/Transitional housing
02.12	Outpatient- TB Clinic Outpatient- Drug / Alcohol Treatment Clinic	F06.05	Community Setting – Commercial
02.12	Outpatient- Family Planning	F06.06 F06.07	Community Setting – Residential Community Setting – Bar/Club/Adult Entertainment
02.19	Outpatient- Community Mental Health	F06.08	Community Setting – Bal/Clab/Adult Entertainment
02.30	Outpatient- Community Health Clinic	F06.09	Community Setting – Workplace
02.58	Outpatient- School/University Clinic	F06.10	Community Setting - Community Center
02.60	Outpatient- Health Department/Public Health Clinic	F06.88	Community Setting – Other
02.61	Outpatient- Health Department/Public Health Clinic-HIV	F07	Correctional Facility
02.62	Outpatient- Health Department/Public Health Clinic-STD	F88	Facility – Other
Codes for (Other Risk factor(s) Exchange sex for drugs/money/or something they need		
2	While intoxicated and/or high on drugs		
5	With person of unknown HIV status		
6	With person who exchanges sex for drugs/money		
8	With anonymous partner		
9	With person who has hemophilia or transfusion/transplant recipient		
1	Sex with transgender		
Codes for 0	Other Session Activities HIV Testing	10.07	Practice – Partner notification
4.00	Referral	10.66	Practice – Other
5.00	Personalized Risk assessment	11.01	Discussion – Sexual risk reduction
6.00	Elicit Partners	11.02	Discussion - IDU risk reduction
7.00	Notification of exposure	11.03	Discussion - HIV testing
8.01	Information – HIV/AIDS transmission	11.04	Discussion - Other sexually transmitted diseases
8.02	Information-Abstinence/postpone sexual activity	11.05	Discussion – Disclosure of HIV status
8.03	Information-Other sexually transmitted diseases	11.06	Discussion – Partner notification
8.04 8.05	Information-Viral hepatitis Information – Availability of HIV/STD counseling and testing	11.07 11.08	Discussion – HIV medication therapy adherence Discussion – Abstinence/postpone sexual activity
8.06	Information-Availability of partner notification and referral	11.09	Discussion – Abstinence/postpone sexual activity Discussion – IDU risk free behavior
0.00	services	11.10	Discussion – HIV/AIDS transmission
8.07	Information – Living with HIV/AIDS	11.11	Discussion – Viral hepatitis
8.08	Information – Availability of social services	11.12	Discussion – Living with HIV/AIDS
8.09	Information - Availability of medical services	11.13	Discussion - Availability of HIV/AIDS counseling testing
08.10	Information – Sexual risk reduction	11.14	Discussion - Availability of partner notification and referral
8.11	Information – IDU risk reduction		services
08.12	Information – IDU risk free behavior	11.15	Discussion – Availability of social services
8.13 8.14	Information – Condom/barrier use Information – Negotiation / Communication	11.16 11.17	Discussion – Availability of medical services Discussion – Condom/barrier use
8.15	Information – Negotiation / Communication Information – Decision making	11.17	Discussion – Condon/barrier use Discussion – Negotiation / Communication
8.16	Information – Disclosure of HIV status	11.19	Discussion – Decision making
8.17	Information – Providing prevention services	11.20	Discussion – Providing prevention services
8.18	Information – HIV testing	11.21	Discussion – Alcohol and drug use prevention
8.19	Information – Partner notification	11.22	Discussion – Sexual health
8.20	Information - HIV medication therapy adherence	11.23	Discussion – TB testing
8.21	Information - Alcohol and drug use prevention	11.66	Discussion – Other
8.22	Information – Sexual health	12.01	Other testing – Pregnancy
8.23 8.66	Information – TB testing Information – Other	12.02 12.03	Other testing – STD Other testing – Viral hepatitis
9.01	Demonstration – Condom/barrier use	12.03	Other testing – Viral nepatitis Other testing – TB
9.02	Demonstration – Condonivarner use Demonstration – IDU risk reduction	13.01	Distribution – Male condoms
9.03	Demonstration – Negotiation / Communication	13.02	Distribution – Female condoms
9.04	Demonstration – Decision making	13.03	Distribution - Safe sex kits
9.05	Demonstration - Disclosure of HIV status	13.04	Distribution - Safer injection / bleach kits
9.06	Demonstration - Providing prevention services	13.05	Distribution - Lubricants
9.07	Demonstration – Partner notification	13.06	Distribution – Education materials
9.66	Demonstration – Other	13.07	Distribution – Referral lists
0.01	Practice – Condom/barrier use	13.08	Distribution – Role model stories
0.02 0.03	Practice – IDU risk reduction Practice – Negotiation / Communication	13.66	Distribution – Other Poet intervention follow up
).03).04	Practice – Negotiation / Communication Practice – Decision making	14.01 14.02	Post-intervention follow up Post-intervention booster session
0.04	Practice – Decision making Practice – Disclosure of HIV status	15.00	HIV Testing History Survey
0.06	Practice – Providing prevention services	88	Other
			- · ·



HIV TEST FORM

PART2



Form Approved: OMB No. 0920-0696, Exp. Date 08/31/2010

	CDC requires the following information on confirmed positives
	Was client referred to medical care? L Yes If yes, did client attend the first yes appointment? No No Ono Client already in care Client declined care
Referrals	Was client referred to HIV Prevention services? Yes No Was client referred to PCRS? Yes No No
	If female, is client pregnant? Yes — If yes, in prenatal care? No Yes Don't know No — If no, was client referred for prenatal care? Not asked Declined Not asked Not asked No — If yes, did client attend first prenatal care appointment? Yes No — Yes No — Don't know Don't know
	Local Use Fields
L	L13
	ODO Hay Fields
C3 C4 C5	CDC Use Fields Notes (Print Only) C6 C7 C7 C8 C8

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia 30333; ATTN: PRA 0920-0696.

WHITE COPY = Scan

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CDC 50.135b (E), 10/2007



HIV TEST FORM

PART2



Form Approved: OMB No. 0920-0696, Exp. Date 08/31/2010

	ODO requires the following infor	mation on committee positives					
	Was client referred to medical care?						
	L Yes — If yes, did client attend	the first Yes					
	appointment?	○ No					
	\bigcirc No \longrightarrow If no, why?	On't know					
	Client already	in care					
	Client declined care						
	Was client referred to HIV Prevention services?						
SIIS	○ No						
Referrals	Was client referred to PCRS?						
Ref	Yes						
_	○ No						
	155						
	If female, is client pregnant? Yes ————————————————————————————————————	a?					
	○ No Yes						
	ODon't know	→ If no, was client referred					
	DeclinedNot askedDeclined	for prenatal care? Yes ————————————————————————————————————					
	Not asked Not asked	No prenatal care appointment?					
	(1)						
		○ Don't know					
	Local U	Jse Fields					
	L3 L8 L8	L13					
	L4 L9	L14					
	L5 L10	L15					
	L6 L11	L16					
-	L7 L12	L17					
	CDC Use Fields	Notes (Print Only)					
C	3 C6						
C4	4						
CE	5 C8						

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HIV TEST FORM

PART3



Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

	HIV Incidence
Date information collected? (MMDDYYYY)	
Date first positive HIV test: (MMDDYYYY)	
Has client ever tested negative?	Yes No Don't know Declined
Date last negative HIV test: (MMDDYYYY)	
Number of tests in the two year current (or first positive) test. current (or first positive) test.	
Has client used or is client curre using antiretroviral medication (ARV)?	ently Yes If yes, specify antiretroviral medication? No Don't know Declined (See codes on reverse)
Date ARV began? (MMDDYYYY)	
Date of last ARV use? (MMDDYYYY)	L

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia 30333; ATTN: PRA 0920-0696.

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CDC 50.135c (E), 10/2007



HIV TEST FORM

PART3



Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

	HIV Incidence
Date information collected?	7
Date first positive HIV test: (MMDDYYYY)	
Has client ever tested negative?	Yes No Don't know Declined
Date last negative HIV test: (MMDDYYYY)	
Number of tests in the two year current (or first positive) test current (or first positive) test.	current (or 1st # of tests in the 2 years before the current (or 1st positive) test positive) test
Has client used on is client curre using antiretroviral medication (ARV)?	ently Yes → antiretroviral medication? →
Date ARV began? (MMDDYYYY)	
Date of last ARV use? (MMDDYYYY)	L

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia 30333; ATTN: PRA 0920-0696.

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CDC 50.135c (E), 10/2007

Codes for Antiretroviral (ARV) medication(s)

- 22 Agenerase (amprenavir)
- 30 Aptivus (tipranavir, TPV)
- 32 Atripla (efavirenz/emtricitabine/tenofovir DF)
- 24 Combivir (lamivudine/ zidovudine, 3TC/AZT)
- 06 Crixivan (indinavir, IDV)
- 11 Emtriva (emtricitabine, FTC)
- 03 Epivir (lamivudine, 3TC)
- 28 Epzicom (abacavir/lamivudine, ABC/3TC)
- 25 Fortovase (saquinavir, SQV)
- 10 Fuzeon (enfuvirtide, T20)
- 19 Hepsera (adefovir)
- 02 Hivid (zalcitabine, ddC)
- 23 Hydroxyurea
- 18 Invirase (saquinavir, SQV)
- 16 Kaletra (lopinavir/ ritonavir)
- 31 Lexiva (fosamprenavir, 908)
- 07 Norvir (ritonavir, RTV)
- 33 Prezista (darunavir, DRV)
- 09 Rescriptor (delavirdine, DLV)
- 26 Retrovir (zidovudine, ZDV, AZT)
- 15 Reyataz (atazanavir, ATV)
- 08 Saquinavir (Fortavase, Invirase)
- 21 Sustiva (efavirenz, EFV)
- 13 Trizivir (abacavir/lamivudine/zidovudine, ABC/3TC,AZT)
- 27 Truvada (tenofovir DF/emtricitabine, TDF/FTC)
- 01 Videx (didanosine, ddl)
- 14 Videx EC (didanosine, ddl)
- 17 Viracept (nelfinavir, NFV)
- 05 Viramune (nevirapine, NVP)
- 12 Viread (tenofovir DF, TDF)
- 04 Zerit (stavudine, d4T)
- 21 Ziagen (abacavir, ABC)
- 88 Other
- 99 Unspecified